| B1 (Official Form 1)(04/13) | | | | | | | | |
|---|---|---|--|---|--|--|---------------------------|----------------------------------|
| United States Bankruptcy (Eastern District of Washingt | | | | | | | Voluntary | Petition |
| Name of Debtor (if individual, enter Last, First, Middle): Whitaker, Dale Owen John | | | | of Joint De | ebtor (Spouse) |) (Last, First, | , Middle): | |
| All Other Names used by the Debtor in the last 8 (include married, maiden, and trade names): | years | | | | used by the J maiden, and | | in the last 8 years): | |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) **xx-xx-4303* | | | | our digits of | f Soc. Sec. or | Individual-7 | Гахрауег I.D. (ITIN) No |)./Complete EIN |
| Street Address of Debtor (No. and Street, City, a 4911 N Walnut Spokane, WA | nd State): | ZIP Code | Street | Address of | Joint Debtor | (No. and Str | reet, City, and State): | ZIP Code |
| County of Residence or of the Principal Place of Spokane | | 99205 | Count | y of Reside | nce or of the | Principal Pla | ace of Business: | |
| Mailing Address of Debtor (if different from stre | et address): | | Mailin | g Address | of Joint Debte | or (if differen | nt from street address): | |
| Location of Principal Assets of Business Debtor (if different from street address above): | | ZIP Code | <u>† </u> | | | | | ZIP Code |
| Type of Debtor (Form of Organization) (Check one box) ■ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. □ Corporation (includes LLC and LLP) □ Partnership □ Other (If debtor is not one of the above entities, check this box and state type of entity below.) Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending: | (Check ☐ Health Care Bu ☐ Single Asset Re in 11 U.S.C. § 1 ☐ Railroad ☐ Stockbroker ☐ Commodity Bre ☐ Clearing Bank ☐ Other Tax-Exe (Check box ☐ Debtor is a tax-ex under Title 26 of | eal Estate as de 101 (51B) oker ompt Entity (s., if applicable) (sempt organizati the United State) | on es | defined "incurr | the F er 7 er 9 er 11 er 12 er 13 are primarily co l in 11 U.S.C. § ed by an individent | Ctition is Fi | busine | ecognition ding ecognition |
| Filing Fee (Check one box) Full Filing Fee attached Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. | | | e box: btor is a sn btor is not btor's aggi less than S applicable dan is bein | nall business a small businese a small businese, 2,490,925 (aboves: | debtor as defin ness debtor as d ntingent liquida amount subject this petition. | ter 11 Debte ded in 11 U.S.6 defined in 11 U ated debts (exc to adjustment | ors | e years thereafter). |
| Statistical/Administrative Information Debtor estimates that funds will be available Debtor estimates that, after any exempt prope there will be no funds available for distribution. | erty is excluded and | administrative | | es paid, | | THIS | SPACE IS FOR COURT | JSE ONLY |
| 1- 50- 100- 200- 1 49 99 199 999 5 | 1,000- 5,000 5,001- 10,000 | |] 5,001- 0,000 | 50,001- 100,000 | OVER 100,000 | | | |
| \$0 to \$50,001 to \$100,001 to \$500,001 \$ \$50,000 \$100,000 \$500,000 to \$1 t million r | \$1,000,001 \$10,000,001 to \$50 million | to \$100 to |] 100,000,001 \$500 aillion | \$500,000,001 to \$1 billion | More than \$1 billion | | | |
| \$0 to \$50,001 to \$100,001 to \$500,001 | \$1,000,001 \$10,000,001 to \$50 | | | \$500,000,001 to \$1 billion | More than \$1 billion | | | |

B1 (Official Form 1)(04/13) Page 2 Name of Debtor(s): Voluntary Petition Whitaker, Dale Owen John (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Location Date Filed: Where Filed: - None -Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ Jason B. Couey **September 14, 2014** Signature of Attorney for Debtor(s) (Date) Jason B. Couey Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and П Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

after the filing of the petition.

B1 (Official Form 1)(04/13) Page 3

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Whitaker, Dale Owen John

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Dale Owen John Whitaker

Signature of Debtor Dale Owen John Whitaker

X.

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

September 14, 2014

Date

Signature of Attorney*

X /s/ Jason B. Couey

Signature of Attorney for Debtor(s)

Jason B. Couey 33608

Printed Name of Attorney for Debtor(s)

Jason B. Couey, Attorney at Law

Firm Name

613 S. Washington, Suite 202 Spokane, WA 99204

Address

Email: jason@jasoncouey.com (509) 326-5160 Fax: (509) 362-9444

Telephone Number

September 14, 2014

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signatures

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code.

 Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

X

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court

| | Eastern District of Washington | | | |
|---------------------------|---|--|---|--|
| In re | Dale Owen John Whitaker | | Case No. | |
| | | Debtor(s) | Chapter | 7 |
| | EXHIBIT D - INDIVIDUAL DEI CREDIT CO | BTOR'S STATEMENT OUNSELING REQUIRE | | ANCE WITH |
| can di credit anoth | Warning: You must be able to check eling listed below. If you cannot do so, ismiss any case you do file. If that happors will be able to resume collection acer bankruptcy case later, you may be steps to stop creditors' collection activ | , you are not eligible to f pens, you will lose what ctivities against you. If y required to pay a second | file a bankrup ever filing fee your case is dis | tcy case, and the court you paid, and your missed and you file |
| and fil | Every individual debtor must file this E le a separate Exhibit D. Check one of the | v v 1 | v | |
| opport | ■ 1. Within the 180 days before the fil eling agency approved by the United Statunities for available credit counseling ar ficate from the agency describing the ser | tes trustee or bankruptcy nd assisted me in perform | administrator thing a related by | hat outlined the adget analysis, and I have |

- of any debt repayment plan developed through the agency. □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

developed through the agency no later than 14 days after your bankruptcy case is filed.

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

| □ 4. I am not required to receive a credit counseling briefing because of: [Check the applica | ıble |
|---|------|
| statement.] [Must be accompanied by a motion for determination by the court.] | |

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Best Case Bankruptcy

| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or |
|--|
| mental deficiency so as to be incapable of realizing and making rational decisions with respect to |
| financial responsibilities.); |
| ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being |
| |

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

□ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Dale Owen John Whitaker

Dale Owen John Whitaker

Date: September 14, 2014

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Best Case Bankruptcy

United States Bankruptcy Court Eastern District of Washington

| In re | Dale Owen John Whitaker | | Case No. | |
|-------|-------------------------|--------|----------|---|
| | | Debtor | | |
| | | | Chapter | 7 |

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|---|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property | Yes | 1 | 0.00 | | |
| B - Personal Property | Yes | 4 | 17,751.00 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | 12,986.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 1 | | 0.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 6 | | 126,493.00 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 2 | | | 2,300.00 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 2 | | | 2,297.00 |
| Total Number of Sheets of ALL Schedu | ıles | 20 | | | |
| | T | otal Assets | 17,751.00 | | |
| | | | Total Liabilities | 139,479.00 | |

United States Bankruptcy Court Eastern District of Washington

| | | 0 | |
|------------|--------------------------------------|----------------|---------------------------|
| In re Dale | e Owen John Whitaker | Case No. | |
| | Debtor | , | |
| | | Chapter_ | 7 |
| | | | |
| | | | |
| STAT | TISTICAL SUMMARY OF CERTAIN LIABILIT | IES AND RELATE | ED DATA (28 U.S.C. § 159) |

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing

a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159. Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|--------|
| Domestic Support Obligations (from Schedule E) | 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | 0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00 |
| Student Loan Obligations (from Schedule F) | 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | 0.00 |
| TOTAL | 0.00 |

State the following:

| Average Income (from Schedule I, Line 12) | 2,300.00 |
|--|----------|
| Average Expenses (from Schedule J, Line 22) | 2,297.00 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | 12.55 |

State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | 1,285.00 |
|--|------|------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column | 0.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | 0.00 |
| 4. Total from Schedule F | | 126,493.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | 127,778.00 |

| In re | Dale Owen John Whitaker | Case No | |
|-------|-------------------------|----------|--|
| _ | | Debtor — | |

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Current Value of Husband, Debtor's Interest in Wife, Nature of Debtor's Amount of Description and Location of Property Property, without Interest in Property Joint, or Secured Claim Deducting any Secured Claim or Exemption Community

None

Sub-Total > 0.00 (Total of this page)

0.00 Total >

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

C7 Doc 1 Filed 09/14/14 Entered 09/14/14 17:07:10

| 1 | 'n | rΔ |
|-----|----|----|
| - 1 | п | re |

| Dale Owen John Whitake | Dale | Owen | John | Whita | akei |
|------------------------|------|------|------|-------|------|
|------------------------|------|------|------|-------|------|

| Case No. |
|----------|
| |

Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| | Type of Property | N O Description and Location of Property E | у | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|----|---|---|-------------------------------|---|---|
| 1. | Cash on hand | х | | | |
| 2. | Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | Washington Trust Bank Checking and Saving | gs | - | 300.00 |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others. | Deposit w/ Landlord of Rental | | - | 550.00 |
| 4. | Household goods and furnishings, including audio, video, and computer equipment. | Refrigerator, washer, dryer, microwave, cook utensils, silverware, cookware, living room furniture, dining room furniture, tables, chair television, DVD player, stereo, bedroom furnid dressers, nightstands, lamps, camera equipm carpenter and mechanic tools, lawnmower, y tools, cell phone, DVDs, music CDs, collectibles/knick knacks, various wall and decorative art, Computer, printer, desk/office furniture Location: 4911 N Walnut, Spokane WA 99205 | s, iture, ment, vard | - | 5,000.00 |
| 5. | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | x | | | |
| 6. | Wearing apparel. | All Clothing Location: 4911 N Walnut, Spokane WA 99205 | 5 | - | 100.00 |
| 7. | Furs and jewelry. | Misc. Watches Location: 4911 N Walnut, Spokane WA 99205 | 5 | - | 100.00 |
| 8. | Firearms and sports, photographic, and other hobby equipment. | x | | | |
| | | | (Total | Sub-Tota of this page) | al > 6,050.00 |

3 continuation sheets attached to the Schedule of Personal Property

In re Dale Owen John Whitaker

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|--|
| 9. | Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | Х | | | |
| 10. | Annuities. Itemize and name each issuer. | X | | | |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | X | | | |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. | Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments. | X | | | |
| 16. | Accounts receivable. | X | | | |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| | | | | | |
| | | | (T | Sub-Total of this page) | al > 0.00 |

Sheet <u>1</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

(Total of this page)

| In re | Dale | Owen | John. | Whitakei |
|-------|------|------|-------|----------|

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|-----|---|------------------|---|---|---|
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | Х | | | |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| 22. | Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. | Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories. | | 09 Mazda 6 Sedan w/45,000 mi. in Good Conditon cation: 4911 N Walnut, Spokane WA 99205 | - | 11,701.00 |
| 26. | Boats, motors, and accessories. | X | | | |
| 27. | Aircraft and accessories. | X | | | |
| 28. | Office equipment, furnishings, and supplies. | X | | | |
| 29. | Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. | Inventory. | X | | | |
| 31. | Animals. | X | | | |
| 32. | Crops - growing or harvested. Give particulars. | X | | | |
| 33. | Farming equipment and implements. | X | | | |
| | | | (Total | Sub-Tota of this page) | al > 11,701.00 |

Sheet <u>2</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

| In re | Dale Owen John Whitaker | Casa No |
|--------|---------------------------|----------|
| III IC | Dale Owell John Williakei | Case No. |

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|--|------------------|--------------------------------------|---|---|
| 34. Farm supplies, chemicals, and feed. | Х | | | |
| 35. Other personal property of any kind not already listed. Itemize. | X | | | |

| Sub-Total > | 0.00 | | (Total of this page) | Total > | 17,751.00 |

Sheet <u>3</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

| 1 | n | re |
|---|---|----|

Dale Owen John Whitaker

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| (Check one box) 11 U.S.C. §522(b)(2) 11 U.S.C. §522(b)(3) | | If debtor claims a homestead exerge. 75. (Amount subject to adjustment on 4/1, with respect to cases commenced on | /16, and every three years thereaft |
|---|---|--|---|
| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
| Checking, Savings, or Other Financial Accounts, C | Certificates of Deposit | | |
| Washington Trust Bank Checking and Savings | 11 U.S.C. § 522(d)(5) | 300.00 | 300.00 |
| Security Deposits with Utilities, Landlords, and Otl | | | |
| Deposit w/ Landlord of Rental | 11 U.S.C. § 522(d)(5) | 550.00 | 550.00 |
| Household Goods and Furnishings Refrigerator, washer, dryer, microwave, cooking utensils, silverware, cookware, living room furniture, dining room furniture, tables, chairs, television, DVD player, stereo, bedroom furniture, dressers, nightstands, lamps, camera equipment, carpenter and mechanic tools, lawnmower, yard tools, cell phone, DVDs, music CDs, collectibles/knick knacks, various wall and decorative art, Computer, printer, desk/office furniture Location: 4911 N Walnut, Spokane WA 99205 | 11 U.S.C. § 522(d)(3) | 5,000.00 | 5,000.00 |
| <u>Wearing Apparel</u> All Clothing Location: 4911 N Walnut, Spokane WA 99205 | 11 U.S.C. § 522(d)(3) | 100.00 | 100.00 |
| Furs and Jewelry Misc. Watches Location: 4911 N Walnut, Spokane WA 99205 | 11 U.S.C. § 522(d)(4) | 100.00 | 100.00 |
| Automobiles, Trucks, Trailers, and Other Vehicles 2009 Mazda 6 Sedan w/45,000 mi. in Good Conditon Location: 4911 N Walnut, Spokane WA 99205 | 11 U.S.C. § 522(d)(2) | 0.00 | 11,701.00 |

Total: 6,050.00 17,751.00

| In re Dale Owen John Whitaker Case No. | | | |
|--|-------|-------------------------|---------|
| | In re | Dale Owen John Whitaker | Case No |

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

Debtor

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu H W J C | sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | COZH_ZGEZ | UNLLQULDA | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|----------|------------------------|--|------------------------|------------------|----------|--|---------------------------------|
| Account No. xxxxxxxx3193 | | | Opened 10/01/13 Last Active 7/19/14 Purchase Money Security | Т | A T E D | | | |
| Wfs Financial/Wachovia Dealer Srvs PO BOX 3569 | | | 2009 Mazda 6 Sedan w/45,000 mi. in | | | | | |
| RANCHO CUCAMONGA, CA 91729 | | - | Good Conditon Location: 4911 N Walnut, Spokane WA 99205 | | | | | |
| | | | Value \$ 11,701.00 | | | | 12,986.00 | 1,285.00 |
| Account No. | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | Value \$ | | | | | |
| Account No. | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | Value \$ | 1 | | | | |
| Account No. | | | | | | П | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | Value \$ | $\left \cdot \right $ | | | | |
| 0 continuation sheets attached | | | | Subt his 1 | | | 12,986.00 | 1,285.00 |
| | | | (Report on Summary of Sc | T | ota | ıl | 12,986.00 | 1,285.00 |

| T | |
|---|--|
| | |

| _ | _ | John. | 14/1 | |
|---|---|-------|------|--|
| | | | | |
| | | | | |

| Case No. | | |
|----------|--|--|
| | | |

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. |
|--|
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) |
| Domestic support obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). |
| Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). |
| Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
| □ Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). |
| ☐ Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). |
| Deposits by individuals Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). |
| Taxes and certain other debts owed to governmental units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). |
| Commitments to maintain the capital of an insured depository institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). |
| Claims for death or personal injury while debtor was intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10). |

0 continuation sheets attached

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

| In re | Dala Owen Jahn Whiteker | Casa Na | |
|-------|-------------------------|---------|--|
| in re | Dale Owen John Whitaker | Case No | |
| _ | | Debtor | |

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

 \square Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | UNL QU L DAT | L | U T F | AMOUNT OF CLAIM |
|---|----------|------------------------|---|-----------|--------------|-----|-------------|-----------------|
| Account No. xxxxxxxxxxxx8273 | | | Opened 5/01/09 Last Active 11/16/13 | Ť | T E D | | | |
| American Express PO BOX 3001 16 GENERAL WARREN BLVD MALVERN, PA 19355 | | - | Credit Card | | D | | | 5,387.00 |
| Account No. | Г | Г | 2014 | | T | T | 7 | |
| Anesthesia Associates, PS 104 W. 5th Ave. STE 250E Spokane, WA 99204 | | - | Medical Related Expenses | | | | | 2,730.00 |
| Account No. | Г | | Money Claimed Owed | | | Ī | T | |
| Avista 1411 E. Mission Ave. Spokane, WA 99252 | | - | | | | | | Unknown |
| Account No. xxxxxxxxxxxx0121 | Г | | Opened 9/01/10 Last Active 1/20/14 | | | T | 7 | |
| BANNER BANK 10 S 1ST AVE WALLA WALLA, WA 99362 | | - | Credit card purchases | | | | | 5,246.00 |
| | | _ | | Subt | tota | ıl | 7 | 13,363.00 |
| continuation sheets attached | | | (Total of t | his | pag | ge) | | 13,303.00 |

| In re | Dale Owen John Whitaker | | Case No. | |
|-------|-------------------------|--------|----------|--|
| | | Debtor | | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | Τċ | Ţ | ıΤ | P | |
|--|----------|-------------|---|------------|-----------|----|-----------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C A M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | QU L D | ١ı | SPUTED | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxxx9094 | | | Opened 7/01/12 Last Active 11/15/13 |]⊤ | Ė | | | |
| BK OF AMER PO BOX 982235 EL PASO, TX 79998 | | - | Credit Card | | D | | | 2,938.00 |
| Account No. xxxxxxxxxxxx2673 | | | Opened 11/01/10 Last Active 1/01/14 | | | | | |
| Cap1/BEST BUY PO BOX 30253 Salt Lake City, UT 84130 | | - | Credit card purchases | | | | | 3,790.00 |
| Account No. xxxxxxxxxxx1098 | | \vdash | Opened 10/01/13 Last Active 7/23/14 | + | + | + | \dashv | |
| CARECREDIT / GECRB PO BOX 960061 Orlando, FL 32896 | | - | Money Claimed Owed | | | | | 600.00 |
| Account No. | | Г | Medical Related Expenses | T | T | T | T | |
| Cellnetix Pathology PLLC PO Box 3941 Seattle, WA 98124 | | - | | | | | | Unknown |
| Account No. | | T | Money Claimed Owed | t | \dagger | † | \forall | |
| CenturyLink PO Box 91155 Seattle, WA 98111 | | - | | | | | | Unknown |
| Sheet no. 1 of 5 sheets attached to Schedule of | | | | Sub | | | | 7,328.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | his | pa | ge |) [| .,020.30 |

| In re | Dale Owen John Whitaker | | Case No. | |
|-------|-------------------------|--------|----------|--|
| • | | Debtor | | |

| CREDITOR'S NAME, | ç | Hu | sband, Wife, Joint, or Community | | ္က | Ü | D | |
|---|----------|-------------|---|--------|------------|----------|----------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J H H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | CONFINGENT | | SPUTED | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxxx6245 | | | Opened 7/01/12 Last Active 3/11/14 | | Г | E | l | |
| CHASE PO BOX 15298 WILMINGTON, DE 19850 | | - | Credit Card | | | D | | 2,041.00 |
| Account No. xx6231 | ┝ | _ | 08 BANNER BANK | _ | + | \dashv | \vdash | |
| COLBURWW 224 E. POPLAR WALLA WALLA, WA 99362 | | _ | | | | | | 5,246.00 |
| Account No. | Г | | 2014 | | T | \neg | Г | |
| Deaconess Hospital PO Box 842151 Dallas, TX 75284 | | - | Medical Related Expenses | | | | | 57,871.00 |
| Account No. | | | 2013 | | T | \neg | Г | |
| Emergency Phys Services, PS PO Box 96208 Oklahoma City, OK 73143 | | - | Medical Related Expenses | | | | | 715.00 |
| Account No. | T | Г | 2014 | \top | \dagger | \neg | Г | |
| Evergreen Billing Specialists 20700 44th Ave W Ste 100 PO Box 897 Lynnwood, WA 98046 | | - | Collections for Cellenetix Pathology | | | | | 200.00 |
| Sheet no. 2 of 5 sheets attached to Schedule of | | | | Su | bto | ota | ı | 66 072 00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total | of thi | s p | oag | e) | 66,073.00 |

| In re | Dale Owen John Whitaker | Case No. | |
|-------|-------------------------|----------|--|
| _ | | Debtor | |

| CREDITOR'S NAME, | C | Нι | usband, Wife, Joint, or Community | Ç | Ų | Ţ | РΤ | |
|--|---------------|-------------|-----------------------------------|------------|------|-----|--------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | O D E B T O R | C J M | TO THE CLAIM WAS INCLIDED A VID | CONTINGENT | | F | | AMOUNT OF CLAIM |
| Account No. | l | | 2013 | T | E | | | |
| Holy Family Hospital PO Box 34322 Seattle, WA 98124-1322 | | - | Medical Related Services | | D | | | 3,200.00 |
| Account No. | | | 2013 | | | Τ | Т | |
| Inland Imaging PS PO Box 2816 Spokane, WA 99220 | | - | Medical Related Services | | | | | 200.00 |
| Account No. | T | T | Medical Related Expenses | T | T | Ť | ヿ | |
| Inland Imaging, LLC PO Box 84288 Seattle, WA 98124 | | - | | | | | | Unknown |
| Account No. | | | Money Claimed Owed | | T | T | T | |
| Jeff Kavadias CPA, PC 1124 W. Riverside Spokane, WA 99201 | | - | | | | | | 20,000.00 |
| Account No. | | Г | 2013 | | T | T | \top | |
| Providence Anesthesia Services PO Box 1259, Dept 92667 Oaks, PA 19456 | | - | Medical Related Services | | | | | 315.00 |
| Sheet no. 3 of 5 sheets attached to Schedule of | | | | Sub | tota | al | 7 | 22 745 00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | this | pas | ge` | aΙ | 23,715.00 |

| In re | Dale Owen John Whitaker | Case No. | |
|-------|-------------------------|----------|--|
| _ | | Debtor | |

| CREDITOR'S NAME, | СО | Ηι | sband, Wife, Joint, or Community | | CONT | UN | DI | |
|--|----------|-------------|--|----------|--------|------------|----------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | ODEBTOR | C J M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAI IS SUBJECT TO SETOFF, SO STATE. | M | N G | 0ZQD_DAH#(| | AMOUNT OF CLAIM |
| Account No. | | | 2013 | | Т | T E | | |
| Providence Health & Services PO Box 3177 Portland, OR 97208 | | - | Medical Related Services | _ | | D | | 4,800.00 |
| Account No. | | | 2013 | | | П | | |
| Radia PO Box 34473 Seattle, WA 98124 | | - | Medical Related Expenses | | | | | 208.00 |
| Account No. | \vdash | H | 2014 | | _ | \dashv | \vdash | 200.00 |
| Rockwood Business Office PO Box 2799 Spokane, WA 99220 | | - | Medical Related Services | | | | | 500.00 |
| Account No. | | T | 2014 | | | \Box | | |
| Sacred Heart Medical Center PO Box 34322 Seattle, WA 98124 | | - | Medical Related Expenses | | | | | 158.00 |
| Account No. xxxxxxxxxxx1031 | | Ī | Opened 8/01/09 Last Active 11/12/13 | | | \exists | | |
| SPOKANE TEACHERS CR UN PO BOX 1954 SPOKANE, WA 99210 | | - | Credit Card | | | | | 4,937.00 |
| Sheet no. 4 of 5 sheets attached to Schedule of | _ | _ | , | St | ıbt | otal | ı | 10.602.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Tot | al of th | is t | oag | e) | 10,603.00 |

| In re | Dale Owen John Whitaker | Case No. | |
|-------|-------------------------|----------|--|
| • | | Debtor | |

| | _ | | | | | _ | |
|--|---------------|-------------|---|------------|-------------|-----------|-----------------|
| CREDITOR'S NAME, | C | Ηι | sband, Wife, Joint, or Community | CON | U N | D I | |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | O D E B T O R | C A M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | TINGEN | QU | S P U T E | AMOUNT OF CLAIM |
| Account No. xxxxxx4970 | | | Opened 11/01/11 Last Active 10/22/13 | Т | T E D | | |
| SPOKANE TEACHERS CR UN PO BOX 5264 SPOKANE, WA 99205 | | _ | Unsecured | | D | | 1,599.00 |
| Account No. xxxxxxxxxx0001 | T | T | Opened 1/02/12 Last Active 6/04/14 | | | | |
| Sterling Savings Bank 6021 244th St SW Mountlake Terrace, WA 98043 | | - | Money Claimed Owed | | | | |
| | | | | | | | 3,732.00 |
| Account No. | | T | 2014 | | | | |
| VALLEY EMPIRE COLLECTION 8817 E MISSION AVE STE 101 Spokane Valley, WA 99212 | | - | Collections for Inland Imaging | | | | |
| | | | | | | | 80.00 |
| Account No. | _ | ╁ | | \vdash | ┢ | | |
| | | | | | | | |
| Account No. | | | | | | | |
| | | | | | | | |
| Sheet no. <u>5</u> of <u>5</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | Sub his | | | 5,411.00 |
| | | | | | ota | | 400 400 00 |
| | | | (Report on Summary of So | chec | lule | es) | 126,493.00 |

| In | re |
|----|----|

| Dale Owen | .lohn | Whit | aker |
|------------|--------|--------|------|
| Dale Owell | JUIIII | VVIIIL | anei |

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.

| In re | Dale Owen John Whitaker | | Case No | |
|-------|-------------------------|--------|---------|--|
| _ | | Debtor | _, | |

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

| Fill | in this information to identify your o | ase: | | | | | | | | |
|---|---|----------------------------|----------------------------|----------|---------------|---------------|--------------------------|------------------------|-----------|--|
| Del | otor 1 Dale Owen | John Whitaker | | | _ | | | | | |
| - | otor 2 use, if filing) | | | | _ | | | | | |
| Uni | ted States Bankruptcy Court for the | EASTERN DISTRICT | OF WASHINGTON | | _ | | | | | |
| | se number lown) | | | | | | ed filing ent showing | g post-petition | | |
| 0 | fficial Form B 6I | | | | _ | | | mowning date. | • | |
| | chedule I: Your Inc | ome | | | ľ | MM / DD/ Y | YYY | | 12/1 | |
| spo atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | ır spouse is not filing wi | ith you, do not include | e infor | mation abou | ut your sp | ouse. If me | ore space is | needed, | |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | or non-fil | ing spouse | | |
| | If you have more than one job, attach a separate page with | Employment status | ■ Employed | | | ☐ Empl | • | | | |
| information about additional employers. | | Occupation | ☐ Not employed Accountant | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Self-Employed | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | | |
| | | How long employed ti | here? <u>5 Months</u> | 5 | | | | | | |
| Pai | t 2: Give Details About Mo | nthly Income | | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to rep | oort for | any line, wri | te \$0 in the | e space. Ind | clude your no | on-filing | |
| | u or your non-filing spouse have m e space, attach a separate sheet to | | ombine the information | for all | employers fo | r that pers | on on the li | nes below. If | you need | |
| | | | | | For De | btor 1 | | otor 2 or ng spouse | | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 2,300.00 | \$ | N/A | | |
| 3. | Estimate and list monthly over | time pay. | | 3. | +\$ | 0.00 | +\$ | N/A | | |
| 4. | Calculate gross Income. Add li | ne 2 + line 3. | | 4. | \$\$ | 00.00 | \$ | N/A | | |

| | | | | | For | Debtor 1 | | | For Debtor | | . |
|-----|-----------------|---|------|-----|---------|-----------|------|----------|------------|----------------|--------------------|
| | Сору | / line 4 here | 4. | | \$ | 2,300 | 0.00 | | \$ | N/ | A |
| 5. | List a | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | | \$ | (| 0.00 | | \$ | N/ | Α |
| | 5b. | Mandatory contributions for retirement plans | 5b | | \$ | | 0.00 | , | \$ | N/ | A |
| | 5c. | Voluntary contributions for retirement plans | 5c | | \$ | | 0.00 | , | \$ | N/ | A |
| | 5d. | Required repayments of retirement fund loans | 5d | | \$ | (| 0.00 | , (| \$ | N/ | A |
| | 5e. | Insurance | 5e | | \$ | (| 0.00 | , (| \$ | N/ | A |
| | 5f. | Domestic support obligations | 5f. | | \$ | | 0.00 | - : | \$ <u></u> | N/ | A |
| | 5g. | Union dues | 5g | | \$ | | 0.00 | _ | \$ <u></u> | N/ | |
| | 5h. | Other deductions. Specify: | 5h | | \$ | | | + 5 | \$ | N/ | |
| 6. | Add 1 | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$_ | (| 0.00 | <u>.</u> | \$ | N/ | <u>A</u> |
| 7. | Calc | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 2,300 | 0.00 | <u>.</u> | \$ | N/ | <u>A</u> |
| 8. | List a 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a | | \$ | | 0.00 | . ! | 5 | N/ | Δ |
| | 8b. | Interest and dividends | 8b | | \$ - | | 0.00 | _ | <u> </u> | N/ | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c | | \$ | | 0.00 | _ | <u> </u> | N/ | _ |
| | 8d. | Unemployment compensation | 8d | | \$ | (| 0.00 | - : | <u> </u> | N/ | |
| | 8e. | Social Security | 8e | | \$ | | 0.00 | _ | <u> </u> | N/ | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | | \$_ | | 0.00 | | 6 | N/ | |
| | 8g. | Pension or retirement income | 8g | | \$_ | | 0.00 | _ | \$ | N/ | |
| | 8h. | Other monthly income. Specify: | 8h | .+ | \$_ | (| 0.00 | + 5 | <u> </u> | N/ | <u>A</u> |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | ; | \$ | (| 0.00 | | . | N | /A |
| 10. | | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$_ | | 2,300.00 | + | . | N/A | = \$ | 2,300.00 |
| 11. | Includ other | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not eify: | dep | | | | | • | in Schedu | le J. +\$ _ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The resent that amount on the Summary of Schedules and Statistical Summary of Certales | | | | | | | | \$ | 2,300.00 |
| | | | | | | | | | | Comb mont | nnea hly income |
| 13. | Do yo | ou expect an increase or decrease within the year after you file this form No. | ? | | | | | | | | |
| | | Yes. Explain: Debtor Anticipates to earn approximately \$3500. | 00 G | iro | ss F | Per Month | 1 | | | | |

Official Form B 6I Schedule I: Your Income page 2

| Fill | in this informa | tion to identify y | our case: | | | | | | | | |
|-------------|-------------------|--------------------------------------|---------------------------|--|-----------------------|----------------------------------|----------------------|----------------------------|----|--|--|
| Deb | tor 1 | Dale Owen J | lohn Whi | taker | | Ch | eck if this is: | | | | |
| | | | | | | | An amended filing | | | | |
| | tor 2 | | | | | | | wing post-petition chapter | • | | |
| (Spo | ouse, if filing) | | | | | | 13 expenses as of | the following date: | | | |
| Unit | ed States Bankr | uptcy Court for the | EASTE | RN DISTRICT OF WASHI | NGTON | | MM / DD / YYYY | | | | |
| Cas | e number | | | | 1 | П | A separate filing fo | or Debtor 2 because Debt | or | | |
| | nown) | | | | | 2 maintains a separate household | | | | | |
| | | | | | | | | | | | |
| | | rm B 6J | _ | | | | | | | | |
| S | chedule | J: Your | Expen | ises | | | | 12/ ⁻ | 13 | | |
| info nur | ormation. If m | nore space is ne n). Answer eve | eded, atta ry question | . If two married people a ich another sheet to this n. | | | | | | | |
| | | ibe Your House | hold | | | | | | _ | | |
| 1. | Is this a joir | | | | | | | | | | |
| | No. Go to | | _ | | | | | | | | |
| | ☐ Yes. Doe | es Debtor 2 live | in a separ | ate household? | | | | | | | |
| | □N | - | | | | | | | | | |
| | ЦΥ | es. Debtor 2 mu | st file a sep | parate Schedule J. | | | | | | | |
| 2. | Do you have | e dependents? | ■ No | | | | | | | | |
| | Do not list D | • | _ | Fill out this information for | Dependent's relation | nehin to | Dependent's | Does dependent | | | |
| | and Debtor 2 | | ☐ Yes. | each dependent | Debtor 1 or Debtor | | age | live with you? | | | |
| | Do not state | the | | | | | | □ No | | | |
| | dependents' | names. | | | | | | ☐ Yes | | | |
| | | | | | | | | □ No | | | |
| | | | | | | | <u> </u> | ☐ Yes | | | |
| | | | | | | | | □ No | | | |
| | | | | | | | | ☐ Yes | | | |
| | | | | | | | | □ No | | | |
| | | | | | | | | ☐ Yes | | | |
| 3. | | enses include | | No | '- | | | | | | |
| | | f people other t | | Yes | | | | | | | |
| | yourself and | d your depende | nts? — | | | | | | | | |
| Par | t 2: Estim | ate Your Ongoi | ng Monthl | ly Expenses | | | | | | | |
| exp | | | | uptcy filing date unless y y is filed. If this is a supp | | | | | e | | |
| Inc | lude eynense | s naid for with | non-cash | government assistance i | if you know | | | | | | |
| | | | | cluded it on Schedule I: ' | | | | | | | |
| | ficial Form 6I | | | | | | Your exp | enses | | | |
| 4 | The rental a | hama ayınara | hin avnan | ooo for vour rooidonoo l | | | | | | | |
| 4. | | or nome owners nd any rent for th | | ses for your residence. I | nclude first mortgage | 4. | \$ | 550.00 | | | |
| | . , | ded in line 4: | 9.0aa. | | | | | | | | |
| | | | | | | | • | | | | |
| | | estate taxes | | != !==== | | 4a. | · | 0.00 | | | |
| | | rty, homeowner's | | | | 4b. | · | 36.00 | | | |
| | | maintenance, re owner's associa | | upkeep expenses | | 4c. | | 0.00 | | | |
| 5. | | | | oominium dues our residence, such as ho | me equity loans | 4d. 5. | · | 0.00 0.00 | | | |
| J. | Auditional | igaye payiii | onto for yo | on residence, such as 110 | THE Equity IDALIS | 5. | Ψ | 0.00 | | | |

Official Form B 6J Schedule J: Your Expenses page 1

| Debtor 1 | Dale Ow | en John Whitaker | Case num | nber (if known) | |
|----------------|--|--|--------------|---------------------------------------|--------------------------|
| 6. Uti | lities: | | | | |
| 6a. | Electricity, | heat, natural gas | 6a. | \$ | 125.00 |
| 6b. | Water, sev | ver, garbage collection | 6b. | \$ | 60.00 |
| 6c. | Telephone | , cell phone, Internet, satellite, and cable services | 6c. | \$ | 225.00 |
| 6d. | Other. Spe | ecify: | 6d. | \$ | 0.00 |
| . Fo | od and house | ekeeping supplies | 7. | \$ | 275.00 |
| 3. Ch | ildcare and c | hildren's education costs | 8. | \$ | 0.00 |
| . Clo | othing, laund | ry, and dry cleaning | 9. | \$ | 40.00 |
| 0. Pe i | rsonal care p | roducts and services | 10. | \$ | 20.00 |
| 1. Me | dical and der | ntal expenses | 11. | \$ | 40.00 |
| 2. Tra | ansportation. | Include gas, maintenance, bus or train fare. | | | |
| | not include ca | | 12. | · | 200.00 |
| | | clubs, recreation, newspapers, magazines, and books | 13. | · | 100.00 |
| 4. Ch | aritable cont | ributions and religious donations | 14. | \$ | 0.00 |
| | surance. | | | | |
| | | surance deducted from your pay or included in lines 4 or 20. | 45- | c | 25.22 |
| | a. Life insura | | 15a. | · · | 85.00 |
| | b. Health ins | | 15b. | · · · · · · · · · · · · · · · · · · · | 0.00 |
| | c. Vehicle ins | | 15c. | | 173.00 |
| | d. Other insu | · · · · · · · · · · · · · · · · · · · | 15d. | \$ | 0.00 |
| | | clude taxes deducted from your pay or included in lines 4 or 2 | | ¢. | 2.22 |
| | ecify: | and normanto. | 16. | \$ | 0.00 |
| | | ease payments: ents for Vehicle 1 | 17a. | • | 308.00 |
| | , , | ents for Vehicle 2 | 17a. 17b. | · - | 0.00 |
| | c. Other. Spe | | 176. 17c. | · - | |
| | d. Other. Spe | | 17c. 17d. | | 0.00 |
| | • | · | | Φ | 0.00 |
| | | of alimony, maintenance, and support that you did not re our pay on line 5, <i>Schedule I, Your Income</i> (Official Forn | | \$ | 0.00 |
| | | you make to support others who do not live with you. | 1 01). | \$ | 0.00 |
| | ecify: | , | 19. | · | 0.00 |
| | | erty expenses not included in lines 4 or 5 of this form or | | | |
| | | on other property | 20a. | | 0.00 |
| 20k | o. Real estate | e taxes | 20b. | \$ | 0.00 |
| 200 | c. Property, h | nomeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 200 | d. Maintenan | ce, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | | er's association or condominium dues | 20e. | \$ | 0.00 |
| . Oth | her: Specify: | Miscellaneous Household and Personal | 21. | +\$ | 60.00 |
| | | | | | |
| | • | kpenses. Add lines 4 through 21. | 22. | \$ | 2,297.00 |
| | • | r monthly expenses. | | | |
| | | nonthly net income. | 22- | c | 0.000.00 |
| | | 12 (your combined monthly income) from Schedule I. | 23a. | · - | 2,300.00 |
| 230 | o. Copy your | monthly expenses from line 22 above. | 23b. | -\$ | 2,297.00 |
| 230 | | our monthly expenses from your monthly income. is your <i>monthly net income</i> . | 23c. | \$ | 3.00 |
| For | example, do you dification to the t | In increase or decrease in your expenses within the year usexpect to finish paying for your car loan within the year or do you experms of your mortgage? | | | or decrease because of a |
| | No. | | | | |
| | Yes. plain: | | | | |

United States Bankruptcy Court Eastern District of Washington

| In re | Dale Owen John Whitaker | | | Case No. | | | | | |
|-------|---|-----------|--|----------|------|--|--|--|--|
| | | | Debtor(s) | Chapter | 7 | | | | |
| | DECLARATION CONCERNING DEBTOR'S SCHEDULES | | | | | | | | |
| | DECLARATION UNDER PE | NALTY O | F PERJURY BY INDIVI | DUAL DEE | STOR | | | | |
| | I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of sheets, and that they are true and correct to the best of my knowledge, information, and belief. | | | | | | | | |
| Date | September 14, 2014 | Signature | /s/ Dale Owen John Whitak Dale Owen John Whitak Debtor | | | | | | |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court Eastern District of Washington

| | | Eastern Di | istrict of Washing | ton | | | |
|---|--|--|--|---|---|--|--|
| In re | Dale Owen John Whitaker | | | Case No. | | | |
| <u>-</u> | | | Debtor(s) | Chapter | 7 | | |
| | \$ | STATEMENT O | F FINANCIAL | AFFAIRS | | | |
| not a join proprieto activities name and | This statement is to be completed bases is combined. If the case is filed it petition is filed, unless the spouse r, partner, family farmer, or self-em as well as the individual's personal address of the child's parent or gual 112; Fed. R. Bankr. P. 1007(m). | under chapter 12 or chapter are separated and a joi ployed professional, sho affairs. To indicate pay | ppter 13, a married debt nt petition is not filed. ould provide the inform ments, transfers and the | or must furnish information and individual debtor ention requested on this to minor children | ation for both spouses whether or ngaged in business as a sole statement concerning all such , state the child's initials and the | | |
| - | Questions 1 - 18 are to be complete s 19 - 25. If the answer to an appli estion, use and attach a separate she | icable question is ''Non | e,'' mark the box labe | led "None." If addition | nal space is needed for the answer | | |
| | | | DEFINITIONS | | | | |
| the follow other that for the pu debtor's p corporati | "In business." A debtor is "in busing for the purpose of this form if the cowing: an officer, director, managing in a limited partner, of a partnership; propose of this form if the debtor engorimary employment. "Insider." The term "insider" including of which the debtor is an officer tives; affiliates of the debtor and instantial to the composition of the debtor and instantial the composition of the composition of the composition of the debtor and instantial the composition of the composition o | debtor is or has been, wi executive, or owner of 5; a sole proprietor or self ages in a trade, business des but is not limited to r, director, or person in o | thin six years immediated percent or more of the femployed full-time or , or other activity, other activity of the debtor control; officers, directors, di | tely preceding the filing e voting or equity secur part-time. An individu r than as an employee, ; general partners of the ors, and any persons in | g of this bankruptcy case, any of ities of a corporation; a partner, al debtor also may be "in business to supplement income from the e debtor and their relatives; control of a corporate debtor and | | |
| | 1. Income from employment or | operation of business | | | | | |
| None | State the gross amount of income business, including part-time active year to the date this case was corcalendar year. (A debtor that mai report fiscal year income. Identifieach spouse separately. (Married petition is filed, unless the spous | ivities either as an emplo mmenced. State also the intains, or has maintaine by the beginning and end debtors filing under cha | oyee or in independent gross amounts received d, financial records on ing dates of the debtor apter 12 or chapter 13 i | trade or business, from I during the two years the basis of a fiscal rath is fiscal year.) If a joint must state income of bo | the beginning of this calendar immediately preceding this ner than a calendar year may | | |
| | AMOUNT \$75.28 | SOURCE 2014 YTD: Sel | f-Employed | | | | |
| | \$30,984.00 2013: Employment Income | | | | | | |
| | \$11,000.00 | 2012 Income f | rom Employment (a | pproximate) | | | |
| | 2. Income other than from emp | oloyment or operation o | f business | | | | |
| None | State the amount of income recei | • | | trade, profession, or o | peration of the debtor's business | | |
| | | | | ,, r, or o | | | |

AMOUNT SOURCE

\$3,336.00 2013: IRA Distributions

petition is filed, unless the spouses are separated and a joint petition is not filed.)

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during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint

2.

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

 NAME AND ADDRESS
 DATES OF
 AMOUNT STILL

 OF CREDITOR
 PAYMENTS
 AMOUNT PAID
 OWING

 Wfs Financial/Wachovia Dealer Srvs
 6/2014-\$308.00,
 \$924.00
 \$12,986.00

 PO BOX 3569
 7/2014-\$308.00,
 \$2014-\$308.00
 \$12,986.00

 RANCHO CUCAMONGA, CA 91729
 8/2014-\$308.00
 \$12,986.00

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
DATES OF PAID OR
PAYMENTS/ VALUE OF AMOUNT STILL
NAME AND ADDRESS OF CREDITOR TRANSFERS TRANSFERS OWING

None

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT NATURE OF COURT OR AGENCY STATUS OR AND CASE NUMBER PROCEEDING AND LOCATION DISPOSITION

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED DATE OF SEIZURE DESCRIPTION AND VALUE OF PROPERTY

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

3

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

Sterling Savings Bank 6021 244th St SW Mountlake Terrace, WA 98043 DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN 5/5/2014

DESCRIPTION AND VALUE OF PROPERTY

2007 Ford Edge SUV w/125,000 mi. in Good Condition Valued at \$9,905.00

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Jason B. Couey, Attorney at Law 613 S. Washington Suite 202 Spokane, WA 99204 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR 8/28/14 AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$475.00 Atty Fee, \$23.00 Credit
Report, \$335.00 Filing Fee

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION **Merrill Lynch**

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE 401K Cash Out Valued at \$3,500.00

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

NAME USED

DATES OF OCCUPANCY

2215 E. Carlson Ct. Spokane, WA 99208 Dale Owen John Whitaker

3/2013-9/2013

4020 W. Country Homes

Dale Owen John Whitaker

11/2012-3/2013

Spokane, WA 99208

Dale Owen John Whitaker

10/2010-11/2012

6111 E. 6th Ave. Apt#J8 Spokane Valley, WA 99202

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

Britni Riley (Current Spouse)

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

None

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF

DATE OF

ENVIRONMENTAL

GOVERNMENTAL UNIT

NOTICE

LAW

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF

ENVIRONMENTAL

NOTICE LAW B7 (Official Form 7) (04/13)

6

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

18. Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

NATURE OF BUSINESS

BEGINNING AND

ENDING DATES

NAME

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

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Best Case Bankruptcy

NAME AND ADDRESS DATE ISSUED

20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY

(Specify cost, market or other basis)

None

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

_

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

DATE OF INVENTORY

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

0

25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date September 14, 2014 Signature /s/ Dale Owen John Whitaker
Dale Owen John Whitaker
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

United States Bankruptcy Court Eastern District of Washington

| I Dala Ossan Jako Whitalaa | Eustern Distr | ict of washing | G N | |
|---|-----------------------------|--|---|--------------------------------------|
| In re Dale Owen John Whitaker | | Debtor(s) | Case No. Chapter | 7 |
| | | | | |
| CHAPTER 7 I | NDIVIDUAL DEBT | OR'S STATEM | IENT OF INTEN | TION |
| PART A - Debts secured by property property of the estate. Attach | | | ompleted for EAC | H debt which is secured by |
| Property No. 1 | | | | |
| Creditor's Name: Wfs Financial/Wachovia Dealer Srvs | | 2009 Mazda 6 | erty Securing Debt Sedan w/45,000 mi 1 N Walnut, Spokar | . in Good Conditon |
| Property will be (check one): | | | | |
| □ Surrendered | ■ Retained | | | |
| If retaining the property, I intend to (chec ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain | | oid lien using 11 | USC 8 522(f)) | |
| - | (for example, av | ford frem using 11 | O.S.C. § 322(1)). | |
| Property is (check one): | | | | |
| ■ Claimed as Exempt | | ☐ Not claimed | as exempt | |
| PART B - Personal property subject to us Attach additional pages if necessary.) | nexpired leases. (All three | ee columns of Part | B must be complete | ed for each unexpired lease. |
| Property No. 1 | | | | |
| Lessor's Name: -NONE- | Describe Leased Pr | roperty: | Lease will be U.S.C. § 365 ☐ YES | e Assumed pursuant to 11 $5(p)(2)$: |
| I declare under penalty of perjury that personal property subject to an unexpi | | /intention as to a /s/ Dale Owen J Dale Owen Joh | John Whitaker | estate securing a debt and/or |
| | | Debtor | | |

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Best Case Bankruptcy

United States Bankruptcy Court Eastern District of Washington

| In re | Dale Owen J | ohn V | /hitaker | | | Case N | 0. | |
|--------|---|--|--|---|--|--|-------------------|--|
| | | | | | Debtor(s) | Chapte | r <u>7</u> | _ |
| | DIS | SCL | OSURE OF C | OMPENSATI | ON OF ATT | ORNEY FOR 1 | DEBTOR(S | 5) |
| | compensation paid | to me | within one year before | re the filing of the p | etition in bankrup | attorney for the abov tcy, or agreed to be p bankruptcy case is as | aid to me, for se | |
| | For legal servi | ces, I h | nave agreed to accep | t | | \$ | 475.0 | <u>)0</u> |
| | Prior to the fili | ng of | this statement I have | received | | \$ | 475.0 | <u>)0 </u> |
| | Balance Due | | | | | \$ | 0.0 | <u>)0</u> |
| 2. | The source of the co | ompen | sation paid to me wa | as: | | | | |
| | Debtor | | Other (specify): | | | | | |
| 3. | The source of comp | ensatio | on to be paid to me | is: | | | | |
| | Debtor | | Other (specify): | | | | | |
| 4. | ■ I have not agree | ed to sl | nare the above-discl | osed compensation | with any other per | son unless they are m | embers and asso | ociates of my law firm. |
| | | | | | | ns who are not memb the compensation is | | of my law firm. A |
| 5. | In return for the ab | ove-dis | sclosed fee, I have a | greed to render lega | l service for all asp | pects of the bankrupto | y case, includin | g: |
| | b. Preparation andc. Representation ofd. [Other provision | filing of the one of t | of any petition, sche debtor at the meeting eeded] | edules, statement of a g of creditors and co | affairs and plan wl nfirmation hearing | determining whether nich may be required; g, and any adjourned be eements and appli | nearings thereof | ;; |
| 6. | Represei judgmen audits; 2 | ntatio t liens 004 E | n of the debtors is on real property xaminations; Am | r; relief from stay | ability actions; j actions; prefer aedules where t | udicial lien avoida ence actions invol | ving garnishr | arches for ments; bankruptcy s to sell property of |
| | | | | CERT | IFICATION | | | |
| this l | I certify that the for pankruptcy proceedi | egoing ng. | is a complete state | ment of any agreeme | ent or arrangement | for payment to me fo | r representation | of the debtor(s) in |
| Date | d: September 1 | 4, 20° | 14 | | /s/ Jason B. C | | | |
| | | | | | Jason B. Cou | ey ey, Attorney at Lav | , | |
| | | | | | | gton, Suite 202 | ! | |
| | | | | | Spokane, WA | 99204) Fax: (509) 362-9 | 444 | |
| | | | | | (509) 326-5160 jason@jasono | | 444 | |

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF WASHINGTON

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

B 201B (Form 201B) (12/09)

United States Bankruptcy Court Eastern District of Washington

| In re | Dale Owen John Whitaker | | Case No. | |
|-------|-------------------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

| Dale Owen John Whitaker | ${ m X}$ /s/ Dale Owen John Whitaker | September 14, 2014 |
|------------------------------|--------------------------------------|-----------------------|
| Printed Name(s) of Debtor(s) | Signature of Debtor | Date |
| Case No. (if known) | X | |
| | Signature of Joint Debtor (if any) | Date |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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Best Case Bankruptcy

United States Bankruptcy Court Eastern District of Washington

| In re | Dale Owen John Whitaker | | Case No. | |
|---------|--|---|-------------|-----------------------|
| | | Debtor(s) | Chapter | 7 |
| | VERIFICATI | ION OF CREDITOR MA | TRIX | |
| The abo | ove-named Debtor hereby verifies that the attack | hed list of creditors is true and correct | to the best | of his/her knowledge. |
| Date: | September 14, 2014 | /s/ Dale Owen John Whitaker | | |
| | | Dale Owen John Whitaker | | |

Signature of Debtor

Dale Owen John Whitaker 4911 N Walnut Spokane, WA 99205

Jason B. Couey Jason B. Couey, Attorney at Law 613 S. Washington, Suite 202 Spokane, WA 99204

American Express PO BOX 3001 16 GENERAL WARREN BLVD MALVERN, PA 19355

American Express PO BOX 297871 FORT LAUDERDALE, FL 33329

Anesthesia Associates, PS 104 W. 5th Ave. STE 250E Spokane, WA 99204

Avista 1411 E. Mission Ave. Spokane, WA 99252

BANNER BANK 10 S 1ST AVE WALLA WALLA, WA 99362

BK OF AMER PO BOX 982235 EL PASO, TX 79998

CAP ONE PO BOX 30253 SALT LAKE CITY, UT 84130 Cap1/BEST BUY PO BOX 30253 Salt Lake City, UT 84130

CARECREDIT / GECRB PO BOX 960061 Orlando, FL 32896

Cellnetix Pathology PO Box 1907 Greenville, TX 75403

Cellnetix Pathology PLLC PO Box 3941 Seattle, WA 98124

CenturyLink PO Box 91155 Seattle, WA 98111

CHASE PO BOX 15298 WILMINGTON, DE 19850

COLBURWW 224 E. POPLAR WALLA WALLA, WA 99362

Deaconess Hospital PO Box 842151 Dallas, TX 75284

Deaconess Medical Center 800 West Fifth Ave Spokane, WA 99204 Emergency Phys Services, PS PO Box 96208 Oklahoma City, OK 73143

Evergreen Billing Specialists 20700 44th Ave W Ste 100 PO Box 897 Lynnwood, WA 98046

Holy Family Hospital PO Box 34322 Seattle, WA 98124-1322

Inland Imaging PO Box 84288 Seattle, WA 98124

Inland Imaging PS
PO Box 2816
Spokane, WA 99220

Inland Imaging, LLC PO Box 84288 Seattle, WA 98124

Jeff Kavadias CPA, PC 1124 W. Riverside Spokane, WA 99201

Providence Anesthesia Services PO Box 1259, Dept 92667 Oaks, PA 19456

Providence Health & Services PO Box 3177 Portland, OR 97208

Radia PO Box 34473 Seattle, WA 98124

Radia Inc PS 211 Morris Ave South Renton, WA 98055

Rockwood Business Office PO Box 2799 Spokane, WA 99220

Rockwood Clinic PS PO Box 4917 Belfast, ME 04915-4900

Sacred Heart Medical Center PO Box 34322 Seattle, WA 98124

SPOKANE TEACHERS CR UN PO BOX 1954 SPOKANE, WA 99210

SPOKANE TEACHERS CR UN PO BOX 5264 SPOKANE, WA 99205

Sterling Savings Bank 6021 244th St SW Mountlake Terrace, WA 98043

VALLEY EMPIRE COLLECTION 8817 E MISSION AVE STE 101 Spokane Valley, WA 99212

Wfs Financial/Wachovia Dealer Srvs PO BOX 3569 RANCHO CUCAMONGA, CA 91729

Wfs Financial/Wachovia Dealer Srvs PO BOX 1697 WINTERVILLE, NC 28590

| In re | Dale Owen John Whitaker | |
|--------|-------------------------|--|
| Case N | Debtor(s) | According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement): |
| | (If known) | ☐ The presumption arises. |
| | | ■ The presumption does not arise. |
| | | \square The presumption is temporarily inapplicable. |

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

| | Part I. MILITARY AND NON-CONSUMER DEBTORS |
|-----|--|
| 1A | Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement. |
| 171 | □ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)). |
| 1B | Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement. |
| | ☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts. |
| | Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends. |
| 1C | □ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard |
| | a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and ☐ I remain on active duty /or/ ☐ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed; |
| | OR |
| | b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. |

| | | Part II. CALCULATION OF M | ON | THLY INCOM | ME FOR § 707(b)(| 7) E | XCLUSION | |
|----|-----------------|---|------|----------------------|-------------------------|--------|----------------|--------------------|
| | Mari | tal/filing status. Check the box that applies a | | | | | | |
| | | Unmarried. Complete only Column A ("De | | • | • | | | |
| | | Married, not filing jointly, with declaration of | | | | lebtor | declares under | nenalty of periury |
| | | 'My spouse and I are legally separated under a | | | | | | |
| 2 | | ourpose of evading the requirements of § 707(| | | | | | |
| | for Lines 3-11. | | | | | | | |
| | | Married, not filing jointly, without the decla | | | | b abo | ve. Complete b | oth Column A |
| | | "Debtor's Income") and Column B ("Spou | | | | | | |
| | | Married, filing jointly. Complete both Colu | | | | Spou | se's Income'') | for Lines 3-11. |
| | | gures must reflect average monthly income red dar months prior to filing the bankruptcy case | | | | | Column A | Column B |
| | | ling. If the amount of monthly income varied | | | | | Debtor's | Spouse's |
| | | onth total by six, and enter the result on the a | | | you must divide the | | Income | Income |
| 3 | | s wages, salary, tips, bonuses, overtime, con | | | | \$ | 0.00 | \$ |
| | | ne from the operation of a business, profess | | | Lina h from Lina a and | Ψ | 0.00 | Ψ |
| | | the difference in the appropriate column(s) of | | | | 1 | | |
| | | ess, profession or farm, enter aggregate numb | | | | | | |
| | | nter a number less than zero. Do not include | any | part of the busine | ss expenses entered on | | | |
| 4 | Line | b as a deduction in Part V. | | | | _ | | |
| | | | d. | Debtor 496.65 | Spouse | | | |
| | a. b. | Gross receipts Ordinary and necessary business expenses | \$ | 484.10 | | | | |
| | c. | Business income | | btract Line b from 1 | | \$ | 12.55 | \$ |
| | | and other real property income. Subtract L | | | | Ψ | | Ψ |
| | | oppropriate column(s) of Line 5. Do not enter a | | | | | | |
| | | of the operating expenses entered on Line b | | | | | | |
| 5 | | | | Debtor | Spouse | | | |
| | a. | Gross receipts | \$ | 0.00 | | | | |
| | b. | Ordinary and necessary operating expenses | \$ | 0.00 | ' | | | |
| | c. | Rent and other real property income | Su | otract Line b from l | Line a | \$ | 0.00 | \$ |
| 6 | Inter | est, dividends, and royalties. | | | | \$ | 0.00 | \$ |
| 7 | Pensi | on and retirement income. | | | | \$ | 0.00 | \$ |
| | | amounts paid by another person or entity, o | | | | | | |
| 8 | | nses of the debtor or the debtor's dependent ose. Do not include alimony or separate maint | | | | | | |
| Ü | | e if Column B is completed. Each regular par | | | | | | |
| | | ayment is listed in Column A, do not report th | | | | \$ | 0.00 | \$ |
| | Unen | ployment compensation. Enter the amount i | n th | e appropriate colun | nn(s) of Line 9. | | | |
| | Howe | ever, if you contend that unemployment compo | ensa | tion received by yo | ou or your spouse was a | | | |
| 9 | | it under the Social Security Act, do not list the | | nount of such comp | ensation in Column A | | | |
| | or B, | but instead state the amount in the space belo | w: | | | Ī | | |
| | Uner | mployment compensation claimed to | . o | 0.00 | ¢ | | | |
| | _ | benefit under the Social Security Act Debtor | | 0.00 Spo | | \$ | 0.00 | \$ |
| | | ne from all other sources. Specify source and | | | | | | |
| | | separate page. Do not include alimony or sep se if Column B is completed, but include all | | | | | | |
| | | tenance. Do not include any benefits received | | | | | | |
| | | yed as a victim of a war crime, crime against h | | | | | | |
| 10 | Debtor Spouse | | | | | | | |
| | | | | | | | | |
| | a. | | \$ | | \$ | | | |
| | b. | | \$ | | \$ | | | |
| | | and enter on Line 10 | | | | \$ | 0.00 | \$ |
| 11 | | otal of Current Monthly Income for § 707(b | | | | | 40 EE | ¢ |
| | Colur | nn B is completed, add Lines 3 through 10 in | Col | umn B. Enter the t | otal(s). | \$ | 12.55 | Ф |

| 12 | Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A. | 12.55 |
|----|---|------------------|
| | Part III. APPLICATION OF § 707(b)(7) EXCLUSION | |
| 13 | Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result. | \$ 150.60 |
| 14 | Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | |
| | a. Enter debtor's state of residence: WA b. Enter debtor's household size: 1 | \$ 53,772.00 |
| 15 | Application of Section 707(b)(7). Check the applicable box and proceed as directed. ■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. □ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement. | ot arise" at the |

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

| | Complete rarts rv, | | | • | • | |
|--|---|-----------------------------------|--|-------------------|----|--|
| | Part IV. CALCULA | TION OF CURREN | T MONTHLY INCOM | ME FOR § 707(b)(2 | 2) | |
| 16 | Enter the amount from Line 12. | | | | \$ | |
| 17 | Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. a | | | | | |
| 18 | Current monthly income for § 707 | (b)(2). Subtract Line 17 f | om Line 16 and enter the res | ult. | \$ | |
| | Part V. CA | ALCULATION OF I | DEDUCTIONS FROM | INCOME | | |
| | Subpart A: Ded | uctions under Standar | ds of the Internal Revenu | ie Service (IRS) | | |
| 19A | National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. | | | | \$ | |
| 19B | National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. | | | | | |
| | Persons under 65 year a1. Allowance per person | a2. | Persons 65 years of age Allowance per person | or order | | |
| | b1. Number of persons | b2. | Number of persons | | | |
| | c1. Subtotal | c2. | Subtotal | | \$ | |
| Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. | | | | \$ | | |

| 20B | Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy counted the number that would currently be allowed as exemptions on your feed any additional dependents whom you support); enter on Line b the total debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero. | ty and family size (this information is burt) (the applicable family size consists of leral income tax return, plus the number of al of the Average Monthly Payments for any | | | |
|------|---|---|----|--|--|
| | a. IRS Housing and Utilities Standards; mortgage/rental expense | \$ | | | |
| | b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 | \$ | | | |
| | c. Net mortgage/rental expense | Subtract Line b from Line a. | \$ | | |
| 21 | Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below: | | | | |
| | Local Standards: transportation; vehicle operation/public transport | rtation expense. | | | |
| | You are entitled to an expense allowance in this category regardless of | | | | |
| | vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expense | es or for which the operating expenses are | | | |
| 22A | included as a contribution to your household expenses in Line 8. | of of for which the operating expenses are | | | |
| 22/1 | $\square \ 0 \square \ 1 \square \ 2$ or more. | | | | |
| | If you checked 0, enter on Line 22A the "Public Transportation" amout Transportation. If you checked 1 or 2 or more, enter on Line 22A the ' | | | | |
| | Standards: Transportation for the applicable number of vehicles in the | applicable Metropolitan Statistical Area or | | | |
| | Census Region. (These amounts are available at www.usdoj.gov/ust/ o | r from the clerk of the bankruptcy court.) | \$ | | |
| 22B | Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy | | | | |
| | court.) Local Standards: transportation ownership/lease expense; Vehicle | 1. Check the number of vehicles for which | \$ | | |
| | you claim an ownership/lease expense. (You may not claim an owners | | | | |
| | vehicles.) | | | | |
| | ☐ 1 ☐ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the | IRS Local Standards: Transportation | | | |
| 23 | (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy c | ourt); enter in Line b the total of the Average | | | |
| | Monthly Payments for any debts secured by Vehicle 1, as stated in Lir the result in Line 23. Do not enter an amount less than zero. | the 42; subtract Line b from Line a and enter | | | |
| | a. IRS Transportation Standards, Ownership Costs | \$ | | | |
| | Average Monthly Payment for any debts secured by Vehicle b. 1 as stated in Line 42 | \$ | | | |
| | 1; as stated in Elife 12 | Subtract Line b from Line a. | \$ | | |
| | Local Standards: transportation ownership/lease expense; Vehicle | 2. Complete this Line only if you checked | | | |
| | the "2 or more" Box in Line 23. | | | | |
| | Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy c | | | | |
| 24 | Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter | | | | |
| | the result in Line 24. Do not enter an amount less than zero. | Φ 1 | | | |
| | a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle | \$ | | | |
| | b. 2, as stated in Line 42 | \$ | Ф | | |
| | | Subtract Line b from Line a. | \$ | | |
| 25 | Other Necessary Expenses: taxes. Enter the total average monthly exstate and local taxes, other than real estate and sales taxes, such as income taxes, other than real estate and sales taxes, such as income taxes. | | | | |
| | security taxes, and Medicare taxes. Do not include real estate or sales | | \$ | | |
| | | | | | |

| 26 | Other Necessary Expenses: involuntary deductions for deductions that are required for your employment, such a Do not include discretionary amounts, such as volunta | s retirement contributions, union dues, and uniform costs. | \$ | | |
|----|--|--|----|--|--|
| 27 | Other Necessary Expenses: life insurance. Enter total a life insurance for yourself. Do not include premiums for any other form of insurance. | average monthly premiums that you actually pay for term r insurance on your dependents, for whole life or for | \$ | | |
| 28 | Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. | | | | |
| 29 | | or for a physically or mentally challenged child. Enter ad for education that is a condition of employment and for allenged dependent child for whom no public education | \$ | | |
| 30 | Other Necessary Expenses: childcare. Enter the total a childcare - such as baby-sitting, day care, nursery and pre | | \$ | | |
| 31 | Other Necessary Expenses: health care. Enter the total health care that is required for the health and welfare of y insurance or paid by a health savings account, and that is include payments for health insurance or health saving | yourself or your dependents, that is not reimbursed by in excess of the amount entered in Line 19B. Do not | \$ | | |
| 32 | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. | | | | |
| 33 | Total Expenses Allowed under IRS Standards. Enter t | the total of Lines 19 through 32. | \$ | | |
| | Note: Do not include any experimental Health Insurance, Disability Insurance, and Health Sa the categories set out in lines a-c below that are reasonable dependents. | | | | |
| 34 | a. Health Insurance | \$ | | | |
| l | b. Disability Insurance | \$ | | | |
| | c. Health Savings Account | \$ | \$ | | |
| | Total and enter on Line 34. | | | | |
| | If you do not actually expend this total amount, state y below: \$ | our actual total average monthly expenditures in the space | | | |
| 35 | Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. | | | | |
| 36 | Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. | | | | |
| 37 | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local | | | | |
| 38 | Education expenses for dependent children less than 1 actually incur, not to exceed \$156.25* per child, for attensichool by your dependent children less than 18 years of a documentation of your actual expenses, and you must necessary and not already accounted for in the IRS Sta | dance at a private or public elementary or secondary age. You must provide your case trustee with explain why the amount claimed is reasonable and | \$ | | |
| | | | | | |

 $^{^*}$ Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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| 39 | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. | | | | | \$ | |
|---|--|-------------------------------|---|---------------------------|--|----|--|
| 40 | Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). | | | | | \$ | |
| 41 | Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40 | | | | | \$ | |
| Subpart C: Deductions for Debt Payment | | | | | | | |
| 42 | Future pa own, list to check who scheduled case, divide Payments | | | | | | |
| | Nai | me of Creditor | Property Securing the Debt | - | Does payment include taxes or insurance? | | |
| | a. | | | \$ | □yes □no | | |
| | | | | Total: Add Lines | | \$ | |
| 43 | Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor | | | | | \$ | |
| 44 | Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28. | | | | | \$ | |
| | Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense. | | | | | | |
| 45 | b. Cis | ssued by the Executive Office | for United States Trustees. (This w.usdoj.gov/ust/ or from the clerk of | \$ x Total: Multiply Line | es a and b | \$ | |
| 46 | Total Dec | ductions for Debt Payment. | Enter the total of Lines 42 through 45 | 5. | | \$ | |
| Subpart D: Total Deductions from Income | | | | | | | |
| 47 | Total of a | all deductions allowed under | § 707(b)(2). Enter the total of Lines | 33, 41, and 46. | | \$ | |
| Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION | | | | | | | |
| 48 | Enter the amount from Line 18 (Current monthly income for § 707(b)(2)) | | | | | \$ | |
| 49 | Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2)) | | | | | \$ | |
| 50 | Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result. | | | | | \$ | |
| 51 | 60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result. | | | | \$ | | |

| | Initial presumption determination. Check the applicable box and proceed as directed. | | | | | | |
|-------------------------|---|-----------------------|--|--|--|--|--|
| 52 | ☐ The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. | | | | | | |
| | ☐ The amount set forth on Line 51 is more than \$12,475* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. | | | | | | |
| | ☐ The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI | Lines 53 through 55). | | | | | |
| 53 | Enter the amount of your total non-priority unsecured debt | \$ | | | | | |
| 54 | Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result. | \$ | | | | | |
| | Secondary presumption determination. Check the applicable box and proceed as directed. | • | | | | | |
| 55 | ☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. | | | | | | |
| | ☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. | | | | | | |
| | Part VII. ADDITIONAL EXPENSE CLAIMS | | | | | | |
| 56 | Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. | | | | | | |
| | Expense Description Monthly Amo | unt | | | | | |
| | a. | | | | | | |
| | c. \$ | | | | | | |
| | d. \$ | | | | | | |
| | Total: Add Lines a, b, c, and d \$ | | | | | | |
| Part VIII. VERIFICATION | | | | | | | |
| | I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors | | | | | | |
| 57 | must sign.) Date: September 14, 2014 Signature: /s/ Dale Owen John Whitaker | | | | | | |
| 31 | Dale Owen John Whitaker (Debtor) | | | | | | |
| | | | | | | | |

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 03/01/2014 to 08/31/2014.

Line 4 - Income from operation of a business, profession, or farm

Source of Income: Accounting Services

Year-to-Date Income/Expenses/Net:

Starting Financial Statement Dated: 2/28/2014

Starting Year-to-Date Income: **\$0.00**.

Starting Year-to-Date Expenses: **\$0.00**.

Starting Year-to-Date Net (Income-Expenses): **\$0.00**.

Ending Financial Statement Dated: 8/31/2014 .

Ending Year-to-Date Income: **\$2,979.90**.

Ending Year-to-Date Expenses: \$2,904.62

Ending Year-to-Date Net (Income-Expenses): \$75.28.

Total Income for six-month period (Ending-Starting): \$2,979.90

Average Monthly Income (Total Income divided by 6): **\$496.65**.

Total Expenses for six-month period (Ending-Starting): **\$2,904.62**. Average Monthly Expenses (Total Expenses divided by 6): **\$484.10**.

Total Net for six-month period (Total Income-Total Expenses): **\$75.28**. Average Monthly Net Income (Total Net Income divided by 6): **\$12.55**.